

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

109781881

FILING DATE

02-12-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		)					56					
7		)					57					
8		/					58					
9		/					59					
10		/					60					
11		/					61					
12		/					62					
13		/					63					
14		/					64					
15	/						65					
16		j					66					
17		)					67					
18		/					68					
19		/					69					
20		)					70					
21		)					71					
22		/					72					
23		/					73					
24		/					74					
25		/					75					
26		/					76					
27		)					77					
28	/						78					
29		)					79					
30		)					80					
31		)					81					
32		)					82					
33		)					83					
34		)					84					
35		/					85					
36		)					86					
37		)					87					
38		/					88					
39		j					89					
40		j					90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3											
TOTAL DEP.	37											
TOTAL CLAIMS	40											